



Student ID Number _____ **Day Time Number** _____

“Once registered, students are responsible for full payment unless they properly withdraw from class according to the published refund policy. Non-payment or non-attendance is not a basis for cancellation of a student’s obligations.” Retroactive withdrawal appeals are only considered for periods of enrollment within the fiscal year (July 1st through June 30th).

() Medical documentation including dates of illness is attached.

If you need additional space, check here () and use reverse side.

Student's Signature

Date _____

Please Do Not Write Below This Line

() Approved: _____ **Disapproved:** _____

() Referred:

() Other: _____